GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:148
ANSWERED ON:02.08.2006
IMPLEMENTATION OF NATIONAL RURAL HEALTH MISSION
Chowdhury Shri Adhir Ranjan

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government has proposed inter-sectoral convergence for effective implementation of the National Rural Health Mission;

(b) if so, the details thereof;

(c) whether it is also proposed to empower local bodies for effective management of the health system; and

(d) if so, the details in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(d): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 148 FOR 2ND AUGUST, 2006

The indicators of health depend as much on drinking water, female literacy, nutrition, early childhood development, sanitation, women`s empowerment etc. as they do on hospitals and functional health systems. Realizing the importance of wider determinants of health, NRHM seeks to adopt a convergent approach for intervention under the umbrella of the Integrated District Health Action Plan.

The Anganwadi Centre under the ICDS at the village level is the principal hub for health action. Likewise, wherever village committees have been effectively constituted for drinking water, sanitation, ICDS etc., NRHM moves towards one common Village Health Committee covering all these activities. Panchayati Raj Institutions are fully involved in this convergent approach and the gains of integrated action are reflected in the Integrated District Health Action Plans.

While substantial spending in each of these sector are from the concerned Department, the Village Health Plan/District Plan will provide an opportunity for some catalytic resources for convergent action. NRHM household surveys through ASHA, AWW ensures availability of drinking water, firewood, livelihood, sanitation and other issues in order to allow a framework for effective convergent action in the Village Health Plans.

The Ministry has constituted an interdepartmental Committee on convergence with the Mission Director as Chairman. This Committee reports to the EPC. Convergence is also envisaged at the level of the MSG, which has representation of all the concerned Ministries. Similar mechanisms are available at the State level. Convergence with the Ministry of Women and Child Development, Department of Drinking Water Supply and Sanitation, Ministry of Panchayati Raj and with the Department of AYUSH has been clearly outlined and shared with States.

The NRHM envisages the following roles for PRIs;

Devolution of funds for health, functionaries and programmes to the PRIs by the states.

The District Health Mission (DHM) is led by the Chairman, Zila Parishad. The DHM controls, guides and manages all public health institutions in the district-sub-centres, PHCs and CHCs.

ASHAs are being selected by and are accountable to the Village Panchayat.

The Village Health Committee of the Panchayat prepares the Village Health Plan and promotes inter-sectoral integration.

Each Sub-Centre has been granted United Fund @ Rs.10,000 per annum for local action. This Fund is being deposited in a joint Bank Account of the ANM & Sarpanch and is operated by the ANM, in consultation with the Village Health Committee.

PRIs are involved in Rogi Kalyan Samitis at various levels for good hospital management.

Provision of training to members of PRIs.

Making available health related databases to all stakeholder, including Panchayats at all levels.